



Bonneville Power Administration  
905 NE 11<sup>th</sup> Avenue, PND-1  
Portland, OR 97232  
Attn: Rita Gill

**SUBSTITUTE TEACHER REIMBURSEMENT  
INVOICE VOUCHER  
FOR FUEL CELL EDUCATION WORKSHOP**

School District \_\_\_\_\_

Business Office contact \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Payment by VISA

Or other \_\_\_\_\_

**INSTRUCTIONS TO VENDOR OR CLAIMANT:** Claims must be submitted by June 30—forms received after this date cannot be processed. BPA would prefer to pay once for all teachers in your School District. Unless otherwise indicated, payment will be made by VISA.

**Fax a signed copy of this form to:**

**BPA  
Attn: Rita Gill  
(503) 230-4061**

WORKSHOP DATE	WORKSHOP LOCATION	WORKSHOP INSTRUCTOR

TEACHER'S NAME	DATE	RATE *	AMOUNT
TOTAL			

\* Maximum rate of \$100 for 3 hour Workshop

By: \_\_\_\_\_  
SCHOOL DISTRICT BUSINESS OFFICE SIGNATURE AND TITLE